

South Carolina Department of Health and Environmental Control

## REQUEST FOR PROPOSAL AMENDMENT #1

Solicitation Number
Date Printed
Date Issued
Procurement
Officer
Phone
E-Mail Address
Page 1 of

RFP.33601.04/24/08-MAR
March 25, 2008
March 26, 2008
Michelle Robinson, CPPB

Michelle Robinson, CPPB

803-898-3469
robinsma@dhec.sc.gov

DESCRIPTION: Services to Conduct a Needs Assessment of People Living with HIV/AIDS

**USING GOVERNMENT AGENCY:** 

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

The Term "Offer" Means Your "Bid" or "Proposal".

SUBMIT OFFER BY: (Opening Date/Time);

April 24, 2008 at 2:30

See "Deadline for Submission of Offer" provision

NUMBER OF COPIES TO BE SUBMITTED:

One (1) original and three (3) copies marked as "Copies"

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

#### SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:	PHYSICAL ADDRESS:
SC DHEC	SC DHEC
Division of Procurement Services	Division of Procurement Services
Bureau of Business Management	Bureau of Business Management
2600 Bull Street	2600 Bull Street, Room 1200 - Aycock Bldg.
Columbia, SC 29201	Columbia, SC 29201
	See "Submitting Your Offer" provision

CONFERENCE TYPE: N/A
DATE & TIME:

As appropriate, see "Conferences-Pre-Bid/Proposal" & "Site Visit" provisions

AWARD & Award will be posted on or after **May 15, 2008**. The award, this solicitation, and any amendments will be posted at the following web address: <a href="http://www.scdhec.net/procurement">http://www.scdhec.net/procurement</a>

You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of sixty (60) calendar days after the Opening Date.								
NAMÉ OF OFFEROR	(Full legal name of business su	OFFEROR'S TYPE OF ENTITY: (Check one)  Sole Proprietorship						
AUTHORIZED SIGNATURE			□ Partnership □ Corporate entity (not tax-exempt)					
above.)	submit binding offer to enter contract on beha		□ Tax –exempt corporate entity					
TITLE	(Business title of person signing above)			□ Government entity (federal, state, or local) □ Other				
PRINTED NAME	(Printed name of person signing above)	DATE SIGN	IED	- Other				
	,			(See "Signing Your Offer" provision.)				
Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, <i>i.e.</i> , a separate corporation, partnership, sole proprietorship, etc.								
STATE OF INCORPORATION (If offeror is a corporation, identify the state of Incorporation.)								
TAXPAYER IDENTIFICATION NO	0.	S	TATE V	ENDOR NO.				
provision)	(See "Taxpayer Identification Numb	per"						
DHEC 0137 (REV. 3/2007)								

# PAGE TWO (Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)				NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)							
					rea Code	Number Extension Facsimile		imile			
					E-mail Address						
					ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders" and "Contract Documents" clauses)						
					†Order Address same as Home Office Address †Order Address same as Notice Address (check only one)						
ACKNOWLEDGMENT OF AMENDMENTS	Amendment No.	Amendm Issue Da		nendme nt No.	Amendn Issue D		Amendmen No.	t Amend Issue		Amendme nt No.	Amendment Issue Date
Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue.  See "Amendments to	·							<u> </u>			
DISCOUNT FOR PROMPT PAYMENT See "Discount for Prompt Payment" clause	10 Calendar [	Days (%)	20 Cal	lendar D	dar Days (%) 30 Calendar Days (%)Calendar Days (%)					Days (%)	
PREFERENCES — SC RESIDENT VENDOR PREFERENCE (June 2005): Section 11-35-1524 provides a preference for offerors that qualify as a resident vendor. A resident vendor is an offeror that (a) is authorized to transact business within South Carolina, (b) maintains an office* in South Carolina, (c) either (1) maintains a minimum \$10,000.00 representative inventory at the time of the solicitation, or (2) is a manufacturer which is headquartered and has at least a ten million dollar payroll in South Carolina, and the product is made or processed from raw materials into a finished end-product by such manufacturer or an affiliate (as defined in section 1563 of the Internal Revenue Code) of such manufacturer, and (d) has paid all assessed taxes. If applicable, preference will be applied as required by law.  OFFERORS REQUESTING THIS PREFERENCE MUST INITIAL HERE.  *ADDRESS AND PHONE OF IN-STATE OFFICE  *ADDRESS AND PHONE OF IN-STATE OFFICE  *In-State Office Address same as Home Office Address in In-State Office Address same as Notice Address (CHECK ONLY ONE)											
PREFERENCES – SC/US END-PRODUCT (June 2005): Section 11-35-1524 IF THIS PREFERENCE APPLIES TO THIS provides a preference to vendors offering South Carolina end-products or US end-products if those products are made manufactured or group in SC or the US.											

PREFERENCES – SC/US END-PRODUCT (June 2005): Section 11-35-1524 provides a preference to vendors offering South Carolina end-products or US end-products, if those products are made, manufactured, or grown in SC or the US, respectively. An end-product is the item identified for acquisition in this solicitation, including all component parts in final form and ready for the use intended. The terms "made," "manufactured," and "grown" are defined by Section 11-35-1524(B). By signing your offer and checking the appropriate space(s) provided and identified on the bid schedule, offeror certifies that the end-product(s) is either made, manufactured or grown in South Carolina, or other states of the United States, as applicable. Preference will be applied as required by law.

PROCUREMENT, PART VII (BIDDING SCHEDULE) WILL INCLUDE A PLACE TO CLAIM THE PREFERENCE.
OFFEROR'S REQUESTING THIS PREFERENCE MUST CHECK THE APPROPRIATE SPACES ON THE BIDDING SCHEDULE.

, Amendment No. One

Acknowledgement receipt of this amendment prior to date and time specified in the solicitation, or as amended, by one of the following methods: (A) by signing and returning one copy of this amendment with your bid; (B) by acknowledging receipt of the amendment on each copy of the offer submitted or (C) by separate letter or telegram which includes a reference to the solicitation and amendment number(s). Failure of your acknowledgement to be received at the issuing office prior to date and time specified may result in rejection of your offer. If, by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or telegram, provided such letter or telegram makes a reference to the solicitation and this amendment and is received prior to date and time specified.

1. QUESTION: Does the proposal have to cover collecting data to develop a needs assessment for the entire state or can it cover a region such as the Upstate?
ANSWER: The needs assessment needs to be for the entire state.

2. QUESTION: How many grants will be awarded? ANSWER: One award of up to \$75,000.00

3. QUESTION: What is the total number of consumers of the 11 SC Part B HIV/AIDS Service Providers and what is the total number of consumers of each of the individual 11 Service Providers?

ANSWER: See Attachment #1.

**4. QUESTION:** What is the address/administrator contact information for the 11 SC Part B Service Providers?

ANSWER: Once an award has been made, this information will be available.

**5. QUESTION:** Is there a statewide SC centralized body that consists of the 11 SC Part B Service Providers?

**ANSWER:** Yes

6. QUESTION: Please clarify Item #10 under Section III. Scope of Work /Specifications

**ANSWER:** See Attachment #2

7. QUESTION: Does the proposal budget allow for Indirect Cost to be provided to the accepted bidder?

ANSWER: Indirect costs will be limited to 10% of the award.

- 8. QUESTION: Is it expected that the data reported back to each individual service provider will be able to be generalized at a "high" confidence interval? If so, what kind of confidence interval/sample size is expected for the individual service providers? ANSWER: Since we have limited funding, we are not setting the sample size. We hope you will tell is how statistically significant you can make the needs assessment with the funding available.
- 9. QUESTION: Are the procedures for notifying clients of their selection in the sample predetermined by the Needs Assessment Team or are they determined by the entity conducting the needs assessment? What role do/can the 11 service providers play in this process?

**ANSWER:** The procedures for notifying clients have not been predetermined. The service providers would select the participants based on any criteria that were given to them by the vendor to meet the sample requirements.

- 10. QUESTION: Have Needs Assessments of People Living with HIV/AIDS been conducted previously in South Carolina for DHEC? If so, what is the name of the previous vendor and when was this work completed? If not, is DHEC wishing to adopt a model needs assessment from another state? If so, which state is DHEC using as its model ANSWER: Yes. Needs Assessment was completed by the Service Providers in 2001-2002. No vendors were used.
- **11. QUESTION:** Is there another vendor that completed, or is working on, the Statewide Coordinated Statement of Need?

ANSWER: No

12. QUESTION: With regard to the contractor requirements in paragraph 2 on page 11, will DHEC establish statistical parameters (precision and reliability) to be used by the contractor so that prospective bidders can better estimate the number of surveys that will need to be completed? For example, if the precision requirements are +/- 5% versus +/- 10% and the reliability requirements are 90% versus 95%, the sample size requirements would change dramatically. This would obviously impact the level of effort and the vendor cost proposal. This information will be essential to the preparation of credible bids.

ANSWER: Since we have limited funding, we are not setting the precision and reliability requirements. We hope you will tell us how statistically significant you can make the needs assessment with the funding available.

#### Amendment No. One

**13. QUESTION:** How will use of a minority subcontractor bear on the evaluation of vendor response? Is there a point-value established for minority bidders or bidders that utilize the services of minority subcontractors?

ANSWER: Minority subcontractor use is not a consideration in the evaluation.

**14. QUESTION:** Is there a recommended or preferred format for the RRP, e.g., what should be the font style, font size, and margin settings? Is there a maximum number of pages that will be accepted?

**ANSWER:** There is no recommended format. The response needs to be in an easily readable format and not overwhelming in length.

15. QUESTION: In the RFP, it states the Maximum Contract Period is one year from the Date of the Purchase Order. On page 13, under Section V. Qualifications: Timeline: the RFP states the entire needs assessment process should be completed by December 14, 2008. Is this the end date of the contract period? ANSWER: The goal is for the project to be completed by December 14th. The year date would allow us to be flexible with the project goal date if we have to since this award will be issued later than expected.

#### **ATTACHMENT #1**

Service Providers	City	Served
ACCESS Network, Inc.	Ridgeland	238
Piedmont Care Consortium, Inc.	Spartanburg	439
Hope for the Pee Dee	Florence	689
Lower Savannah HIV Care Consortium	Aiken	267
Catawba Care Coalition, Inc.	Rock Hill	391
Upper Savannah Care Consortium	Greenwood	262
Medical University of South Carolina	Charleston	734
USC Department of Medicine	Columbia	1288
AID Upstate	Greenville	898
CARETEAM	Myrtle Beach	506
Changes Clinic-Tri-County AIDS Interagency	-	
Coalition	Orangeburg	333

### **ATTACHMENT #2**

This term can be used in place of copyright term for contracts with USC/MUSC/Clemson (change contractor name as appropriate in the term)

- 1. (Insert School Name):
  - a. The (School), as a State institution of higher education, engages only in research that is compatible, consistent and beneficial to its academic role and mission and therefore, results of research activities must be reasonably available for publication.
  - b. Results of the research funded by this grant/contract shall be published jointly by (School) and DHEC if feasible. In the event of disagreement, either party may publish results on its own particular activity. Such publication shall give acknowledgment and credit to the other party and persons having made significant contribution to the project.
  - c. Manuscripts prepared for publication by either party or agents thereof shall be submitted to the other party for suggestions and review prior to publication.
  - d. If published separately, either party may copyright its own publication or publications of its agents, provided the other party and its agents shall be granted, to the extent possible, a royalty free license for unlimited use of the copyrighted material.